

# PROGRAM ACCESSIBILITY INQUIRY FORM

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**Please complete each section of this form to the best of your ability.  
Type or print clearly.**

## **ABOUT YOU:**

**Name (Optional)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**County** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Daytime Telephone ( \_\_\_\_\_ )** \_\_\_\_\_

**Are you filing this inquiry? (Check all that apply)**

☐ **A. On behalf of yourself as a person with a disability?**

☐ **B. On behalf of a family member who has a disability?**  
**(Please describe your relationship)** \_\_\_\_\_  
\_\_\_\_\_

☐ **C. As a person associated with another who has a disability?**  
**(Please describe your relationship)** \_\_\_\_\_  
\_\_\_\_\_

☐ **D. As an interested person?**

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**ABOUT YOUR INQUIRY:**

**Name of Program, Service, Activity, Park or Facility Involved:**

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**Location (if park or facility) If Known:**

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**Date & Time of Occurrence You Believe Was Discriminatory or Unfair:**

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**WHAT HAPPENED:**

**Please describe in your own words the action by an employee(s), the rule or policy, the service(s) or the condition of a park, area, facility or structure which you feel is discriminatory or unfair. It is not necessary to refer to laws, regulations, ordinances or policies in your description. (Use additional paper to describe your observation(s) if necessary.)**

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**HOW CAN THE PROBLEM BE CORRECTED:**

**Please describe the action(s) which you feel need to be taken to address the problem.**

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**IS THERE A DEADLINE:**

**Must this problem be addressed before a program begins or an event occurs? Please identify any date which you feel is important to the problem.**

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**PLANNING A CONFERENCE?**

**The County will contact you within three (3) working days of the date your inquiry is received to schedule a conference to discuss the inquiry. The conference will occur within six (6) working days from the date your inquiry is received.**

**Do you need an accommodation during the conference?**

**(If yes, please describe)**

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**When are you most available? (Check two)**

**[    ] MTW 9:00 - 11:00 a.m.**

**[    ] MTW 2:00 - 4:00 p.m.**

**[    ] ThF 9:00 - 11:00 a.m.**

**[    ] ThF 2:00 - 4:00 p.m.**

**Thank you for completing the PROGRAM ACCESSIBILITY INQUIRY FORM. We will contact you soon.**

**PLEASE MAIL THIS FORM TO:**

**Michael K. Gray, ADA Coordinator**

**Office of the Bay County Executive**

**515 Center Avenue. Suite 403**

**Bay City, MI 48708-5125**

**For assistance with this form, or for information about program accessibility, please call Michael Gray at (989) 895-4130 Voice, or (989) 895-4049 (TDD)**

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